Prenatal Health and Diet Questions

Name: _____

Today's Date: _____

Directions: Please answer the questions on the front and back. Your answers will help WIC determine your health and nutrition needs. All information is confidential.

IDAHO WIC — GROWING HEALTHY FAMILIES
SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS & CHILDREN

FORM 131E (5/04)

* Health Questions *

1. What is the highest grade you have completed in school? _____

2. What did you weigh before you became pregnant?
_____ pounds [17/18◊]

3. Have you had your first visit for prenatal care from a doctor or certified nurse midwife?
   □ yes, date of visit: _____
   □ no, but I have a prenatal visit scheduled.
   □ no, I have not scheduled a prenatal visit.

4. Who is your doctor? _____

5. How many pregnancies have you had, including this one? (count miscarriages, abortions and stillbirths) _____

6. If you have been pregnant before, on what date did your previous pregnancy end? _____ [63◊]

7. Check if these have happened during any of your pregnancies.
   □ diabetes [54/55]   □ baby with a birth defect [70]
   □ stillborn [66]   □ baby under 5 lb. 8 oz [68]
   □ baby over 9 lbs [86]   □ premature baby   [88]
   □ miscarriage (how many? _____)[66 if >2]

8. Describe any medical conditions you have:
_____ [90's]

9. What is this baby's due date? _____

10. How do you plan to feed this baby?
    □ breastfeed [B]   □ formula [F]
    □ combination [C]   □ undecided [U]

11. On a scale of 1 to 5, how comfortable are you to breastfeed your baby? Circle the number.
    Not very   Very
    Comfortable = 1   2   3   4   5 = Comfortable

12. Are you breastfeeding a child now?
    □ no   □ yes   [610]

13. Have you used street drugs or marijuana since your pregnancy began?
    □ no   □ yes, before knowing of pregnancy[80]
    □ yes   [80]

14. Does anyone in your household smoke inside the home?   □ me   □ someone else [Y]
    □ no one [N]

15. How many cigarettes do you smoke on an average day now?
    □ do not smoke
    □ number of cigarettes each day _____ [81◊]

16. Have you had alcoholic drinks since becoming pregnant? A drink is one glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.
    □ do not drink alcohol
    □ yes, before knowing of pregnancy   [82]
    □ yes   [82]

17. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?
    □ did not smoke
    □ number of cigarettes _____

18. In the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?
    □ did not drink
    □ less than one drink per week
    □ _____ drinks per week

* Diet Questions *

19. Do you throw up or use laxatives to manage your weight?   □ no   □ yes   [96]

20. Do you eat things that are not food, such as paint chips, laundry starch or dirt?
    □ no   □ yes, describe _____ [48]

21. Do you have concerns about nausea and vomiting?   □ no   □ yes   [57 if severe]

22. Do broken or missing teeth, gum disease or toothaches cause you to not eat some foods?
    □ no
    □ yes, list foods: _____ [95]

23. Did you run out of food or money to buy food in the last six months?   □ no   □ yes

* More Diet Questions *

24. Check any special diets you follow: □ none

    □ food allergy, list food: _____ [52]

    □ weight loss   □ diabetic   [91]

    □ vegetarian   □ other

25. Check any supplements you take: [48 quantity]

    □ none   □ prenatal   □ herbal

    □ iron   □ calcium   □ other _____

26. What are your questions about your diet?

27. What do you think you are doing well to feed your family and yourself?

* Diet Recall *

1. Write everything you had to eat or drink the day before your appointment. If this was not the way you usually eat, please write the foods you would usually eat in a day.

2. Be very specific and write one food per line. See the example below.

TIME	FOOD	AMOUNT	P R O T	C A L C	I R O N	V I T C	V I T A	O T H E R	G R A I N	E C A L
12:30 pm	sandwich meat (turkey)	2 slices								
	bread	2 slices								
WIC CLINIC USE		TOTAL (circle if low)								
		ADEQUATE	3	3	20	1.0	0.5	---	---	---

Name: _____   WIC Staff (CPA): _____   Date: _____

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